## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax 571-277-3285

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifies	form should be used correspondence includi ed below or directed of stions.	for transmitting the IS ng the Patent, advance nerwise in Block 1, by	SUE FEE and PUBLIC orders and notification of (a) specifying a new co	ATION FEE (if req of maintenance fees respondence addres	uired). Block will be mail s; and/or (b)	s I through 5 s ed to the current indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of saddress)  23598 7590 67/06/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
BOYLE FREI 250 E. Wisconsi Suite 1030	PRICKSON NEW Travenue 840 WI 53202 532	HOLM STEIN &	GRATZ S.C.	Ce hereby certify that t tates Postal Service ddressed to the Ma ansmitted to the USI	rtificate of N his Fee(s) Tr with sufficie il Stop ISSU PTO (571).23	failing or Trans ansmitted is being nt postage for firs IE-FEE address 3-2885, on the d	mission the United of the Control of
			ŀ	<u>:Ma</u>	بكليب	VVIC.	(Depositor's name)
		-	ŀ	Wia	75-14	and and	(Signature)
APPLICATION NO. FILING DATE		FIRST NAMED INVENT		11		(Date)	
10/007,620	12/05/2001		Tony Brummel		ATTORNEY DOCKET NO.		CONFIRMATION NO.
INFORMATION SYSTE			ESS USER INTERFACE		TED ELEC	FRONIC HEALT	H CARE
nonprovisional	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE
·	NO	\$1400	\$300	S0		\$1700	10/09/2007
EXAM		. ART UNIT	CLASS-SUBCLASS	J			
BAUTISTA,		2179	715-804000				
"Fee Address" indi PTO/SB/47; Rev 03-0: Number is required.	ondence address (or Cha 1/122) attached, cation (or "Fee Address" 2 or more recent) attach	(1) the names of up or agents OR, altern (2) the name of a sir registered atterney of 2 registered patent a listed, no name will	2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, Or the trans of a single firm (though as a member a frequency for agent) and the names of up to frequency for the printed.  The single front from the first of the printed.  The single front from the first of the printed.  The single front from the first of the printed.  The single front from the first of the printed.  The single front				
3. ASSIGNEE NAME AN PLEASE NOTE: Unic recordation as set forth (A) NAME OF ASSIG	ess an assigned is identi in 37 CFR 3.11. Comp iNEE	fied below, no assigne letion of this form is N	THE PATENT (print or ce data will appear on the OT a substitute for filling to (B) RESIDENCE; (CI	patent. If an assign n assignment, Y and STATE OR (	COUNTRY	ed below, the do	cument has been filed for
Please check the appropris	ate assignee category or	categories (will not be	printed on the patent):	Individual DC	orporation or	other private ero	in entity. The Government
4n. The following fee(s) a	re submitted:		4b. Payment of Fee(s): (Pl A check is enclosed Payment by credit of The Dijector is here overpayment, to De	esse first reapply as ard. Form PTO-2038	y previously is attached. ge the requir	v paid issue fee s	hown above) . iciency, or credit any
5. Change in Entity State	us (from status indicated SMALL ENTITY status	above)			••••		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if feque cords of the United Stat	ired) will not be necept is Patent and Trademar	Ub. Applicant is no ked from anyone other thank Office.	the applicant; a regi	stered attorne	status. See 37 CF.	R 1,27(g)(2). assigned or other party in
Authorized Signature				Date		st 15, 2	
Typed or printed name	Krith W.	· Coxter		Registration N	اد <u> </u>	, 23 5	
This collection of informal an application. Confidenti- submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231 Under the Paperwork Redu	tion is required by 37 Cl ality is governed by 35 application form to the as for reducing this bur- rginia 22313-1450. DO 3-1450. action Act of 1995, no po-	R 1.311. The informat J.S.C. 122 and 37 CFF USPTO. Time will var- ien, should be sent to to NOT SEND FEES OR crsons are required to re-	ion is required to obtain of the chief of the chief of the chief t	retain a benefit by the stimated to take 12 retributed to take 12 retributed ease. Any concer, U.S. Patent and FO THIS ADDRESS	he public whi ninutes to co mments on t Trademark O SEND TO:	ch is to file (and mplete, including he amount of tim iffice, U.S. Depar Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,